

K032617 1/2

NOV 12 2003

**WU'S TECH CO., LTD.**

NO. 225, YUAN-PIER ST., HSIN CHU CITY, CHINA (TAIWAN)

TEL: 886-5-5382105 FAX: 886-5-5382191

Homepage: [www.wustech.com.tw](http://www.wustech.com.tw) Email: [wustis@ms45.hinet.net](mailto:wustis@ms45.hinet.net)

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## **" 510(k) SUMMARY "**

Submitter's Name: **WU'S TECH CO., LTD.**

NO. 225, YUAN-PIER ST., HSIN CHU CITY, CHINA (TAIWAN)

Tel: 88

Date summary prepared: August 19, 2003

Device Name:

Proprietary Name: WU'S 4-Wheeled Scooter, WT-L4Jr

Common or Usual Name: Electrical Scooter

Classification Name: Motor Three-Wheeled Vehicle, Class II,  
21 CFR 890.3800

Indications for Use:

The device is intended for medical purposes to provide mobility to persons restricted to a seated position.

Description of the device:

The WU'S 4-WHEELED SCOOTER WT-L4Jr is an indoor / outdoor electric scooter that is battery operated. It has a base with four-wheeled with a seat, armrests, and a front basket. The movement of the scooter is controlled by the rider who uses hand controls located at the top of the steering column. The device can be disassembled for transport and is provided with an onboard battery charger.

Performance Testing:

EMC Report ANSI / RESNA WC/Vol.2-1998, CISPR 11: 1990, EN61000-4-2: 1995,  
IEC61000-4-3: 1995 (Electrically powered wheelchairs, scooters, and their  
chargers – requirements and test methods)

Legally marketed device for substantial equivalence comparison:

WU'S 4-WHEELED NEO SCOOTER WT-L4 (K013763)

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## Summary for substantial equivalence comparison:

The electronic systems between two devices are the same and all passed by the UL certificated, for instance the electronic controller, batteries and recharge. Thus the same safety level for the two devices is assured. The major differences existing of the two 4-wheeled scooters are the different controller, and the new device, WT-L4Jr, is more agile and easy to storage or transportation and the predicate device, WT-L4, is for general use. Besides the overall dimension, the size of tires, and the weight are differences between the two devices. The overall appearance differences are not safety aspect. So the new device is substantially equivalent to the predicate devices in this aspect.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

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WU'S Tech. Co., Ltd.  
C/o Dr. Ke-Min Jen  
ROC Chinese-European Industrial Research Society  
No. 58, Fu-Chiun St.  
Hsin-Chu City, China (Taiwan) 300

Re: K032617

Trade/Device Name: WU'S 4-Wheeled Scooter, WT-L4Jr  
Regulation Number: 21 CFR 890.3800  
Regulation Name: Motorized three-wheeled vehicle  
Regulatory Class: II  
Product Code: INI  
Dated: October 3, 2003  
Received: October 20, 2003

Dear Dr. Jen:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Dr. Ke-Min Jen

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

*Miriam C. Provost*  
for Celia M. Witten, Ph.D., M.D.  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

510 (K) NUMBER ( IF KNOWN ): TBA

DEVICE NAME: WU'S 4-WHEELED SCOOTER, WT-L4Jr

INDICATIONS FOR USE:

The device is intended for medical purposes to provide mobility to persons restricted to a seated position.

( PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE )

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Concurrence of CDRH, office of Device Evaluation (ODE )

Prescription Use \_\_\_\_\_ OR Over-The-Counter-Use ✓

( Per 21 CFR 801.109 )

( Optional Format 1-2-96 )

Miriam C. Provost  
(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

510(k) Number K032617